

## Laboratory Registration/Select Agent Transfer Program Application for Laboratory Registration

### ***Background Information/Certification and Signature***

Name of facility

Address

Address

City

State

Zip

Name of responsible facility official

Title of responsible facility official (e.g., biosafety officer)

Address

Address

City

State

Zip

Telephone

Fax

E-mail

**Mark an x in the ( ) to the left of each select agent for which your facility wishes to register its laboratories**

#### **Viruses**

- ☐ Crimean-Congo haemorrhagic fever virus
- ☐ Eastern Equine Encephalitis virus
- ☐ Ebola viruses
- ☐ Equine Morbillivirus
- ☐ Lassa fever virus
- ☐ Marburg virus
- ☐ Rift Valley fever virus
- ☐ South American Haemorrhagic fever viruses
  - ☐ Junin
  - ☐ Machupo
  - ☐ Sabia
  - ☐ Flexal
  - ☐ Guanarito
- ☐ Tick-borne encephalitis complex viruses
- ☐ Variola major virus (Smallpox virus)
- ☐ Venezuelan Equine Encephalitis virus
- ☐ Viruses causing hantavirus pulmonary syndrome
- ☐ Yellow fever virus

#### **Bacteria**

- ☐ *Bacillus anthracis*
- ☐ *Brucella abortus*, *B. melitensis*, *B. suis*
- ☐ *Burkholderia (Pseudomonas) mallei*
- ☐ *Burkholderia (Pseudomonas) pseudomallei*
- ☐ *Clostridium botulinum*
- ☐ *Francisella tularensis*
- ☐ *Yersinia pestis*

#### **Rickettsiae**

- ☐ *Coxiella burnetii*
- ☐ *Rickettsia prowazekii*
- ☐ *Rickettsia rickettsii*

#### **Fungi**

- ☐ *Coccidioides immitis*

#### **Toxins**

- ☐ Abrin
- ☐ Aflatoxins
- ☐ Botulinum toxins
- ☐ *Clostridium perfringens* epsilon toxin
- ☐ Conotoxins
- ☐ Diacetoxyscirpenol
- ☐ Ricin
- ☐ Saxitoxin
- ☐ Shigatoxin
- ☐ Staphylococcal enterotoxins
- ☐ Tetrodotoxin
- ☐ T-2 toxin

#### **Recombinant organisms/molecules**

☐ Genetically modified microorganisms or genetic elements from organisms on Appendix A, shown to produce or encode for a factor associated with a disease.

☐ Genetically modified microorganisms or genetic elements that contain nucleic acid sequences coding for any of the toxins listed in this Appendix, or their toxic subunits.

## ***Calculation of Registration Fee***

~~Refer to Federal Register Notice -- Notice of Site Registration Fee Schedule... (included as an attachment to this Application Package) for information on user fees and for definitions of small, medium and large facilities.~~

~~This application is for (mark one):~~

~~( ) a small facility (\$13,000)~~

~~( ) a medium facility (\$14,000)~~

~~( ) a large facility (\$15,000)~~

~~Additional charges (mark all that apply):~~

~~( ) facility includes one or more BSL4 laboratories (\$2,000)~~

~~( ) facility expects to do >50 select agent transfers per year (\$1,000)~~

~~Total registration fee for this facility: \$ \_\_\_\_\_~~

~~This fee is for the three year registration period.~~

~~Payment is to be made to Centers for Disease Control and Prevention.~~

~~Payment must accompany Application Package.~~

## ***Certification and Signature***

I certify that I have been designated as the responsible facility official for the institution/organization listed above, and that the information supplied in this registration package is, to the best of my knowledge, accurate and truthful.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

### **Per 42 CFR 72.7 - Penalties**

Individuals in violation of this part are subject to a fine of no more than \$250,000 or one year in jail, or both. Violations by organizations are subject to a fine of no more than \$500,000 per event. A false, fictitious or fraudulent statement or representation on the government forms required in the part for registration of facilities or for transfers of select agents is subject to a fine or imprisonment for not more than five years, or both for an individual; and a fine for an organization.

Send completed application package to: Centers for Disease Control and Prevention, Office of Health and Safety, Laboratory Registration/Select Agent Transfer Program, 1600 Clifton Road, NE., Mail Stop A13, Atlanta, GA 30333

3 December 1998